U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau
Division of Training and Technical Assistance

New England Region
AIDS Education and Training Center Program(s) (AETC)

Announcement Type: New
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: February 10, 2012

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Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.

Release Date: December 20, 2011
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Authority: Public Health Service Act §2692(a), 42 USC § 300ff-111, and §2693(b)(2)(E), 42 USC § 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009. If additional funds are made available, Public Health Service Act, §1703 42 U.S.C. § 300u-2, Public Health Service Act, §317(k) (2) 42 U.S.C. § 247b (k) (2), and the Secretary's Minority AIDS Initiative.

Executive Summary

Overview

The Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), announces the availability of funds for fiscal year 2012 for discretionary funds to support grant(s) for the New England Region AIDS Education and Training Center(s) Program, a component of the HRSA AIDS Education and Training Centers Program (AETC). The AETC Program represents a national network of educators and trainers with expertise in clinical diagnosis, treatment and management of patients with HIV/AIDS and its related health conditions.

The AETC Program is a network of both regional and national training centers that provide education, training, consultation, and clinical decision support to health care professionals treating HIV infected patients, and health professionals who care for populations at highest risk for HIV. The AETC program serves as the clinical training arm of the Ryan White HIV/AIDS Program as reauthorized in the Ryan White HIV/AIDS Treatment Extension Act of 2009. Regional AETCs provide services within their defined geographic areas which are regions identified in this funding opportunity announcement to include specific states/territories.

The authority for this grant is the Public Health Service Act §2692(a), 42 USC § 300ff-111, and and Section 2693(b)(2)(E), 42 USC § 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87). Should additional funds become available, awards may also be issued using funds awarded to HRSA through an Interagency Agreement with CDC, Public Health Service Act, §1703 42 U.S.C. § 300u-2, Public Health Service Act, §317(k) (2) 42 U.S.C. § 247b (k) (2), or under the Secretary's Minority AIDS Initiative.

In response to trends in the epidemic and mandates of the Ryan White HIV/AIDS Treatment Extension Act of 2009, the AETC program continues to focus on training and education of health professionals who treat people living with HIV, with a special emphasis on clinicians who are themselves of minority racial/ethnic background and/or are serving minority populations. Protocols and training related to the medical care of women with HIV/AIDS, including prenatal and other gynecological care, as well as training related to treatment of hepatitis B or C co-infection also remain priorities. The program continues to assess and revise approaches to identify, educate and train health professionals that care for people at highest risk of contracting the disease.

It is anticipated that approximately $2,100,000 will be available for the New England Region to support one to two (1 to 2) awards to start July 1, 2012. HRSA intends to fund up to two successful applicants in the six-state New England area of the U.S. to ensure that this region of the U.S. is included in the clinical training component of the Ryan White HIV/AIDS Program. The New England region includes the states of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Technical Assistance Webinar

A pre-application Technical Assistance webinar will be conducted to assist applicants with understanding the Funding Opportunity Announcement requirements. We recommend all interested applicants participate on the webinar, although participation is <u>not</u> required to submit an application. To connect to the webinar:

Meeting Name: AETC New England Regional Funding Opportunity Technical Assistance (TA) Call for HRSA-12-124

Date: January 5, 2012

Time: 12:30 PM- 2:00 PM

To join the webinar portion of the meeting connect to:
https://hrsa.connectsolutions.com/aetcnewengland/.

To join the audio portion of the meeting connect via Teleconference Toll-Free:

Number: 1-888-677-0858

Passcode: AETC

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Please contact Diana Travieso Palow if you have any questions at 301-443-4405.

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I. Funding Opportunity Description

1. Purpose

This announcement solicits applications for the New England Region AIDS Education and Training Center (AETC). The purpose of the AETC program is to improve healthcare and health outcomes for people living with HIV/AIDS. This is to be accomplished through providing education, training, clinical consultation and other forms of clinical decision support to HIV/AIDS clinical care providers currently serving this population and to clinical providers in minority and other highly impacted and high risk communities, where enhanced access to HIV treatment resources is needed. Through education, training, longitudinal information support, clinical consultation and technical assistance, the AETC program is intended to develop and sustain HIV clinical care expertise, increasing the number of direct care clinical providers who are competent and willing to clinically manage HIV infected patients. Training focuses on diagnosis and treatment of the disease, and its related health conditions with special attention given to:

- Current standard of care based on the DHHS HIV Treatment Guidelines
- Prevention of HIV transmission by HIV infected patients
- Provision of culturally appropriate counseling and risk assessment
- Early diagnosis and referral to HIV/AIDS care and services
- Pharmacological management of patients with HIV infection
- Prenatal and other gynecological care for at-risk or HIV infected women
- Prevention of perinatal transmission of the disease
- Prevention and treatment of opportunistic infections and co-morbid conditions, including Hepatitis B, C, and TB
- Improvement of treatment adherence

A number of trends[1] in the HIV/AIDS epidemic support the need for continued education and training of health professionals:

- The complexity of drug treatment options available for patients with HIV
- The emergence of drug resistance and its associated clinical and public health implications
- The dramatic potential for positive impact on the health outcomes of people living with HIV when they access care early and receive proper clinical care and treatment
- The significant impact of co-morbid conditions
- The continued and increasing impact of HIV/AIDS on minority, underserved and marginalized segments of American society
- The evidence that a majority of HIV infected individuals in this country are not receiving regular medical care
- The need for a new cadre of knowledgeable clinicians to help address the shortages experienced within the HIV work force

[1] Going the Distance, http://hab.hrsa.gov/data/files/2010progressrpt.pdf

Through the AETC program authorizing legislation there is a preference in making grants to qualified projects which will

(A) train, or result in the training of, health professionals who will provide treatment for minority individuals and Native Americans with HIV/AIDS and other individuals who are at high risk of contracting such disease;
(B) train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and
(C) train or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

Therefore, AETCs are intended to target clinical providers in programs funded under the Ryan White HIV/AIDS Program; other HRSA programs such as Rural and Community Health Centers (CHCs); other federally supported health care facilities such as the Indian Health Service and the Veterans Administration; and other providers serving racial and ethnic minority, medically underserved, or incarcerated populations. As per the National HIV/AIDS Strategy[2], HRSA will work with its AETCs to expand training for HIV clinicians and provider organizations to address provider-associated factors (e.g., cultural competency, provider competency and continuity) that affect treatment adherence and the quality of care. Each AETCgrantee addresses high need areas, i.e., providers practicing in underserved areas that do not have access to training resources for HIV clinical care. The primary target for training through the AETC program is practicing healthcare providers who care for individuals who traditionally lack adequate health care and are infected, affected by and/or at high risk for HIV/AIDS. The focus is on training *direct* clinical care providers including:

- physicians (including psychiatrists and other medical sub-specialists)
- nurses
- advance practice nurses
- physician assistants
- pharmacists
- oral health professionals

As a secondary target representing no more than 20% of the training sessions offered, AETCs may also train other allied healthcare providers and paraprofessionals (including medical case managers, social workers, etc.) who assist HIV positive persons to adhere to treatment recommendations, learn about and practice secondary prevention, and receive appropriate social support and other health service interventions and referrals. That training must be appropriately justified and designed to expand HIV care services in a clinical service site, such as a health clinic or pharmacy. Additional educational opportunities may be available for training and/or educational programs designed for primary care clinicians.

Historically the AETC projects have targeted healthcare providers from highly impacted populations including racial and ethnic minorities. Should additional funds become available, through the Minority AIDS Initiative (MAI), partial funding will be offered for innovative projects that go beyond the basic AETC program; "to expand or support new initiatives…targeting African American, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians and Pacific Islanders in highly impacted communities."

[2] National HIV/AIDS Strategy, Federal Implementation Plan, 2010.

2. Background

This program is authorized by Public Health Service Act §2692(a), 42 USC § 300ff-111, and Section 2693(b)(2)(E), 42 USC § 300ff-121, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87). If additional funds are made available under the HIV testing initiative, this is authorized under the Public Health Service Act, §1703 42 U.S.C. § 300u-2, Public Health Service Act, §317(k) (2) 42 U.S.C. § 247b (k) (2), or additional funds may be made available under the Secretary's Minority AIDS Initiative.

The AETC program has been a cornerstone of HRSA's HIV/AIDS program for over two decades. For an overview, go to http://www.aidsetc.org. The objective of the AETC program is to both maintain and increase the number of health care providers who are competent and willing to counsel, diagnose, treat, and medically manage individuals with HIV infection and to help prevent high risk behaviors that lead to HIV transmission.

The new National HIV/AIDS Strategy[3] (NHAS) has three primary goals:

1) Reducing the number of people who become infected with HIV,
2) Increasing access to care and optimizing health outcomes for people living with HIV, and
3) Reducing HIV-related health disparities.

The NHAS states that in order to improve access to care and health outcomes for all persons living with HIV/AIDS in the U.S. we must ensure that persons who are newly diagnosed are immediately linked to high-quality and continuous care and increase the number and diversity of providers who are able to deliver high-quality HIV care. Therefore, the NHAS advocates that deliberate steps are taken to increase the number and diversity of providers of clinical care and related services for people living with HIV. To ensure success, the NHAS requires the Federal government and State, tribal and local governments to increase collaboration, efficiency, and innovation. Therefore, to the extent possible, Ryan White HIV/AIDS Program activities, the foundation of the HRSA HIV/AIDS Bureau, should strive to support the three primary goals of the National HIV/AIDS Strategy.

One specific action step HRSA will be taking to support the NHAS is to develop and promote task shifting (transferring specific tasks to be performed by physician extenders, such as nurse practitioners, or other health workers) and co-management (generalist physicians overseeing HIV care while under regular consultation with an HIV expert) as methods to improve HIV workforce efficiency. Activities supporting the implementation of the NHAS are integral components of the AETC program.

The evolution of the HIV epidemic and medical care to HIV-infected persons in the United States continues to present challenges and opportunities for the AETC program. Additionally, important themes within rural America, a population that is historically underserved, have made it critical for HRSA and its grantees to continue to reassess and revise approaches to expand capacity development in these underserved communities to meet the needs of people living with HIV/AIDS and the clinicians who treat them. Several trends are particularly relevant to the AETC program:

1) The increasing impact of HIV/AIDS on the underserved, minority, and disempowered

[3] National HIV/AIDS Strategy for the United States, 2010.

segments of American society[4];

2) Only 10 percent of physicians practice in rural America, although 22 percent of Americans live there[5];

3) Many HIV positive individuals in rural America have inconsistent or nonexistent relationships with a primary care provider despite the existence of the Ryan White HIV/AIDS program[6];

4) The quality of care may be an issue since 38 percent of individuals with HIV in rural areas see doctors who have treated fewer than ten HIV patients[7];

   The development of better tolerated, more convenient antiretroviral therapy (ART) regimens and evidence of clinical and prevention benefits associated with ART initiation at higher CD4 counts favor more widespread use of ART[8] so as to impact health outcomes of people living with HIV infection and potential new infections (with the best outcomes associated with the highest quality care);

5) The evidence that a majority of HIV-infected individuals in this country are not receiving regular medical care; specifically rural people living with HIV/AIDS who are less likely than their counterparts to receive HAART, and of those receiving HAART, 66 percent travel to urban areas to receive care[9]; and

6) The 2006 CDC HIV testing recommendations stating that everyone ages 13-64 should be tested to find more infected, but unaware individuals, and bring them into care.[10]

The AETC program is a "safety net" training program for professional HIV/AIDS treatment education, just as the other components of the Ryan White HIV/AIDS Treatment Extension Act of 2009 are the safety nets for HIV/AIDS care. AETC grantees are expected to prioritize resources to provide training and education to underserved parts of their regions or other areas with identified need but no, or insufficient, alternate training resources and are encouraged to use information technology in the delivery of education and in distance learning to these areas.

The HIV/AIDS Bureau envisions optimal HIV/AIDS care and treatment for all. Its mission is to provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.

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[4] HIV/AIDS in the United States: An Overview, http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/us_overview.pdf

[5] "What's Different about Rural Health Care?" National Rural Health Association. n.d. Web. 28 Mar 2011. <http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care>.

[6] Trends and Transitions. "HIV and AIDS on the Rise in Rural America." State Legislatures. April 2004

[7] Trends and Transitions. "HIV and AIDS on the Rise in Rural America." State Legislatures. April 2004.

[8] Dombrowski, et.al. Treatment as prevention: Are HIV Clinic Patients Interested in Starting Antiretroviral Therapy to Decrease HIV Transmission? AIDS Patient Care and STDs. 2010.

[9] "Disparities in Care for HIV Patients: Results of the HCSUS Study." Research Highlights. RAND Corporation, 2006. Web. 29 Mar 2011. <http://www.rand.org/pubs/research_briefs/2006/RAND_RB9171.pdf>.

[10] CDC. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR September 22, 2006; 55(RR14); 1-17.

The goals of the HIV/AIDS Bureau focus on uninsured and underinsured individuals and families affected by HIV/AIDS domestically and globally by:

- Targeting resources
- Serving the neediest
- Responding to the rapidly changing epidemic
- Achieving effectiveness
- Maintaining and improving accountability
- Engaging and retaining people in care
- Improving quality of HIV/AIDS care
- Strengthening collaboration
- Developing and supporting a diverse workforce

The AETC program has been a cornerstone of HRSA's HIV/AIDS program for over 20 years. It is currently composed of a network of 11 regional centers, with more than 130 associated sites that conduct targeted, multi-disciplinary HIV education and training for health care providers treating persons with HIV/AIDS. The AETCs together comprise a national program that serves all 50 States, the District of Columbia, the Virgin Islands, Puerto Rico, and the six U.S. Pacific Jurisdictions. The purpose of the AETC program is to both maintain and increase the number of healthcare providers who are competent and willing to counsel, diagnose, treat, and medically manage individuals with HIV infection, and to help prevent high risk behaviors that lead to HIV transmission.

The AETC network is a national resource for information on HIV/AIDS clinical care guidelines and treatment, and represents an efficient and effective mechanism for rapid dissemination of new or updated information to community providers and others. Training and clinical decision support materials developed by the AETCs are used by educators and trainers worldwide. In addition to traditional clinical training, AETCs serve Ryan White grantees and other community based providers through education opportunities which are designed to enhance and improve the capacity building and infrastructure management in the delivery of HIV treatment and services.

The successful AETC links HIV/AIDS expertise from academic and highly skilled community HIV clinicians and/or tertiary level medical institutions to primary and secondary care community healthcare practitioners, correctional health providers, and other front line HIV clinical care providers who serve minority and disproportionately affected populations. AETCs are encouraged to develop longitudinal training relationships with clinicians from, underserved, rural or minority communities through trainee travel stipends, telemedicine and telehealth linkages, and web-based training modalities. Such linkages are intended to enhance capacity to provide sustained, high quality HIV/AIDS clinical care at sites other than academic centers. Linkages also support collaborative management of patients and increase access to specialty services.

Several national crosscutting components of the AETC program support and complement the regional centers; they are: the AETC National Multicultural Center (AETC-NMC), the AETC National Resource Center (NRC), the National HIV/AIDS Clinicians' Consultation Center (NCCC), the AETC National Evaluation Center (NEC), and the AETC National Center for HIV Care in Minority Communities (NCHCMC). AETCs are required to work together to enhance their individual roles and performance within the network, including developing: joint curricula;

joint needs assessments; collaborative national evaluation tools to be utilized across the AETC Network; and joint training and marketing, where appropriate.

The individual roles of the National AETC components are:

- The AETC-NMC (National Multicultural Center – www.aetcnmc.org) is funded specifically to enhance HIV clinical care through providing state-of-the-art resources for training, education, and technical assistance to clinicians, providers and organizations in multicultural HIV/AIDS care. It serves as a catalyst for delivering and strengthening HIV/AIDS health equity in communities nationwide.

- The AETC NRC (AETC National Resource Center - www.aidsetc.org) is a web-based HIV/AIDS training resource that supports the training needs of the regional AETCs through the coordination of HIV/AIDS training materials, rapid dissemination of late breaking advances in treatment and changes to the HIV treatment guidelines, and critical review of available patient education materials. AETC collaboration is required through assistance with dissemination of information, sharing resources to be posted on the AETC NRC website, participation in information sharing sessions, participation in special training exchange projects on AETC relevant topics, and by joining efforts to market the AETC program nationally.

- The NCCC (AETC National HIV/AIDS Clinicians' Consultation Center - www.nccc.ucsf.edu) is a national resource offering health care providers access to timely and appropriate answers to clinical questions related to HIV/AIDS treatment. This is done through a "WARMLINE" (800-933-3413) for routine HIV management questions; a "PEPline hotline" which answers questions related to occupational health care worker exposure to HIV and other blood borne pathogens and post-exposure prophylaxis (PEPline) (888) 448-4911; and a Perinatal hotline for questions related to perinatal transmission, counseling and testing, prophylaxis and perinatal patient management. AETC collaboration is required through marketing of the NCCC services and through follow-up with local clinician referrals from NCCC calls.

- The AETC NEC (AETC National Evaluation Center - http://aetcnec.ucsf.edu) is responsible for assisting AETCs with developing their program evaluation activities. This includes assessment of the effectiveness of their education, training and consultation activities and assistance with developing outcome evaluations and assessments of clinician behavioral change. AETC collaboration is required through participation in the NEC Evaluation Workgroup and through participation in the development, collection, and analysis of national/regional AETC outcome evaluation projects.

- The NCHCMC (AETC National Center for HIV Care in Minority Communities – www.nchcmc.org) is responsible for improving and enhancing the organizational capacity of non-Ryan White funded community health centers to provide primary medical care and treatment to racial and ethnic minorities living with or affected by HIV/AIDS. The project seeks to provide eligible primary medical care sites with services using the following three methods: technical assistance, intensive capacity building, and regional and web-based training. AETCs have played a significant role

in the clinical capacity building and technical assistance efforts and are strongly encouraged to participate in future activities.

In 2011, the AETC program expanded its efforts by adding two new special initiatives to its network. One component is the AETC Telehealth Training Centers Program (TTCP) which expands access to and improves healthcare and health outcomes through telehealth technology for hard-to-reach, HIV-positive persons in medical care residing in historically underserved communities. The efforts of the TTCP will enhance the capacity of health care providers engaged in HIV/AIDS health care delivery systems within a region or State through the utilization of telehealth technology for: (1) Clinical consultation which may include the use of case presentations and patient co-management; (2) other education and training modalities that result in a continuum of longitudinal learning opportunities for trainees; and (3) development of an informed support system for trainees.

The other component is the Expanding HIV Training into Graduate Medical Education program which supports developmental work to expand an existing accredited primary care residency program to include an HIV focus, and community-based ambulatory patient care centers to expand training opportunities for medical residents in HIV/AIDS care and treatment.

AETCs are also required to work collaboratively with other national federal training centers (the group is known as the Federal Training Centers Collaborative – FTCC) that target focused training toward clinical providers and allied health professionals involved with HIV/AIDS patients and populations. These training centers include the STD/HIV Prevention Training Centers (PTCs); Regional Training Centers for Family Planning (RTCs); Viral Hepatitis Education and Training Projects (VHNET); TB Regional Training and Medical Consultation Centers (RTMCCs) and Addiction Technology Transfer Centers (ATTCs). These collaborations are intended to support clinician training by complimenting each federally funded training center's strengths. The collaborations may take many forms including developing, launching, and evaluating joint needs assessments, identification and referral of clients, conducting joint training events, and sharing data.

In addition to assessment and training, AETCs and local performance sites (LPSs) are intended to participate in local planning councils, through participation in state and local planning processes for HIV/AIDS service delivery, and through partnerships with state and local entities engaged in recruitment and retention of health professionals to medically underserved communities. They maintain expertise in HIV clinical service and social support resources, and maintain cutting edge knowledge of clinical and adjunct therapies for HIV/AIDS. AETCs are looked to by HRSA and its other Ryan White Program grantees to provide information on HIV/AIDS education and training needs of clinicians and to help identify and respond to geographic gaps in access to HIV clinical expertise and care.

The AETC program is a "safety net" clinical training program for professional HIV/AIDS treatment education, just as the other components of the Ryan White Program are the "safety nets" for HIV/AIDS care. AETCs are expected to leverage their resources to create enhanced training opportunities through partnerships and collaboration.

The format of training, education, consultation, and other clinical decision support provided by AETCs focuses on teaching modalities most likely to result in changes in behavior of clinicians managing HIV patients. Training should be culturally appropriate and supportive of the cultural

and ethnic diversity existing among both trainees and patients in the training service area. Adult learning principles are at the core of the training and education with hands-on HIV clinical training and interactive training prioritized over didactic sessions. Each regional AETC is expected to offer a variety of training activities that result in a continuum of longitudinal learning opportunities for trainees. The current levels of trainings are:

1) Didactic presentations, introductions, and updates (Level I),
2) Interactive, skills building training (Level II),
3) Hands-on clinical training (Level III),
4) Educational clinical consultation (Level IV), and
5) Technical assistance, capacity building and referral (Level V).

Level I training activities are primarily didactic presentations, but can also include, panel discussions, self-instructional materials, journal clubs, teleconferences, etc. Participants are often passive learners, with programs varying in length from brief lectures to conferences. It is suggested that 20 percent or less of the programmatic effort be directed to Level I activities.

Level II training activities are primarily interactive and skills-building activities characterized by active trainee participation. These training activities may include interactive learning through discussion of cases supplied by trainer, role play, simulated patients, and train the trainer and other skill building activities.

Level III training includes activities where the trainee is actively involved with actual clinical care experiences involving patients. These may include preceptorships, "mini-residencies," or observation of clinical care at either the AETC training site or the trainee's worksite.

Level IV training activities consist of patient-specific clinical consultation provided to individual or groups of health care professionals. Characteristics of this level of training are:

- Interaction between two clinicians,
- Training initiated through chart review or clinical quality assessment process or by trainee, based on a patient-specific clinical question,
- Information provided on state of the art clinical care,
- Communication via telephone, electronic media, or in person, and
- Interaction supported financially or administratively by AETC funds.

Level V technical assistance and capacity building provides information resources and guidance to improve HIV clinical service delivery and performance at the organizational and individual provider levels. Technical assistance utilizes a consultation style approach, which is either organizational or AETC-driven. The focus is on organizational or program structure issues.

The Regional AETC Program encourages the use of information technology in the delivery of education and in distance learning. Applicants are encouraged to explore the utilization of Facebook, Twitter and other social media platforms. The Health Resources and Services Administration promotes the widespread availability and use of digital networks to improve access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA also supports policies that leverage the power of health information technology and telehealth to meet the needs of people who are uninsured, underserved and/or have special needs.

Special Projects

Minority AIDS Initiative Capacity Building
The goal of AETC training is to develop and sustain HIV clinical care expertise. Factors that impact HIV clinical care expertise and treatment *capacity* in communities may include:

- Interest and availability of providers,
- Accessibility of training,
- Access to longitudinal training to sustain knowledge and skills,
- Accessibility of mentors and other clinical management decision supports,
- Access to sub-specialists and diagnostic services for patients,
- The number of people with or at-risk for HIV infection.

Through the AETC program authorizing legislation there is a "preference in making grants to qualified projects which will… Train, or result in training of minority health professionals and minority allied health professionals to provide treatment for individuals with such disease" (Public Health Service Act Sec. 2692 (a) (2) [300ff-111]). Under this AETC Regional grant offering, no less than 20% of the funds being made available on a competitive basis are to support a 3-year special Minority AIDS Initiative (MAI) Capacity Building Project (Public Health Service Act Section 2693(b)(2)(E)). These funds, provided through the MAI component of AETC appropriated funds, are intended for innovative projects that target enhanced clinical care expertise and treatment capacity at the community level for providers serving racial and ethnic minority adults, adolescents and children with HIV/AIDS (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians and Pacific Islanders in highly impacted communities (see Section 2693(b)(2)(E) of the Public Health Service Act). For the purposes of this initiative, established programs may also be considered.

Training for American Indian/Alaska Native (AI/AN) health care providers
Additional MAI funding may become available to AETC awardees for targeted education and training to expand the HIV/AIDS treatment capacity of professional and paraprofessional health and social service providers caring for American Indian/Alaska Native people on reservations, in rural areas, IHS, tribally-managed health care hospitals and clinics, and urban Indian centers in small towns and cities. Training activities related to on-site HIV training of providers serving the AI/AN population will also be considered. Applicants who choose to be considered for this funding should include it as a separate component of this application.

CDC HIV Testing Training Initiative
Additional funding may become available to AETC awardees for targeted education and training to support implementation of CDC's routine HIV Testing Recommendations. Applicants who choose to be considered for this funding should include it as a separate component of this application.

Support of HRSA Strategic Goals

The AETC's will support the established HRSA Strategic Goals which are as follows:

Goal #1: Improve Access to Health Care

Goal #2: Improve Health Outcomes
Goal #3: Improve the Quality of Health Care
Goal #4: Eliminate Health Disparities
Goal #5: Improve the Public Health and Health Care Systems
Goal #6: Enhance the Ability of the Health Care System to Respond to Public Health Emergencies.
Goal #7: Achieve Excellence in Management Practices

Please refer to HRSA's website at http://www.hrsa.gov/about for more information about HRSA's Strategic Goals.

Program Expectations for the 6-State New England Region

1) Organizational Structure

The geographic breakout of the states included in the New England region is:

- Connecticut
- Maine
- Massachusetts
- New Hampshire
- Rhode Island
- Vermont

It is anticipated that one or two awards will be made to ensure provision of needed HIV clinical training in the entire six state area. Applicants may choose to address one of five different coverage areas. There is no priority given to any particular jurisdictional configuration in the competitive objective review process.

1) All six states (CT; MA; ME; NH; RI; VT);
2) The three northern new England states (ME; NH; VT);
3) The three southern New England states (CT; MA; RI);
4) Four of the states (MA; ME; NH; VT);
5) Two of the states (CT; RI)

Each applicant must agree to support the HIV/AIDS training and education needs across all states identified in its application. No matter which grouping of states an applicant chooses to include in their service area, the model below of central office and local performance sites should be followed. Each awardee should adopt a multi-state service area project model with the grantee serving as the "central office" or administrator/coordinator of the awarded AETC project and create contractual relationships that include specific work plans and deliverables with education and training sites, called Local Performance Sites (LPS). (Although each applicant must cover the entire state if that state is identified in its application, that does not mean there must be an LPS in each State; however, the needs of each state/territory must be met within the region.) LPSs in collaboration with their "central office" should provide at minimum: local needs assessment, marketing, outreach, education and training, and program evaluation.

2) Management Capacity

a. Personnel

It is expected that the applicant at a minimum would have a Principal Investigator, Project Director, Clinical Director, and Dental Director located at the Central Office. Contracted education and training sites (LPSs), should include a Program Manager, Clinical Director and other key personnel.

b. Fiscal

It is expected that the applicant demonstrate capacity to fiscally manage a large federally funded training program including the capacity to develop a standardized method to manage and monitor contracts and subcontracts.

c. Program Evaluation and Quality Management Program

The applicant is expected to develop a standardized method to monitor program staff and activities and to deliver technical assistance to LPS subcontractors as needed to ensure programmatic goals and objectives are accomplished. Training Needs Assessments of the health care providers in the region must also be conducted and routinely reviewed and updated to determine whether and how the trainings offered are meeting the needs of the clinicians in the region. There should be a mechanism to ensure that HIV expertise is maintained among faculty and quality training is delivered.

The applicant is expected to have a process in place to systematically measure achievement of program objectives and impact of the program and track work plan activities and accomplishments. As part of an internal quality management program, a Continuous Quality Improvement (CQI) Program must also be established that incorporates continuous review of internally selected performance indicators of administrative and training related processes and activities. The quality management program should:

- Be a systematic process with identified leadership, accountability and dedicated resources available to the program;
- Use data and measurable outcomes to determine progress toward selected performance indicators; and
- Be a continuous process that is adaptive to change and that feeds back into the administrative, training and work plans of the program to ensure goals are accomplished.

The Framework for Excellence in HIV/AIDS Training and Adult Learning is a model that could be employed to ensure the training provided is relevant and of high quality. The Framework includes processes involved in developing excellent and effective training experiences that lend themselves to quality assessment. These include processes that:

- Enhance an understanding of the population to be served;
- Enhance the learning experience; and
- Measure the results of training.

3) Governance

Each regional AETC is strongly encouraged to utilize a Steering Committee or Executive Committee to provide regional oversight of and leadership to the AETC. This diverse body

should be composed of the grantee, representatives of the LPSs, the evaluation staff, consumers, medical and education/training advisors, or others who would contribute to the oversight and management of the AETC. This body should have clearly defined roles, responsibilities, and authority, including significant input into program direction and budgetary decisions, and meet regularly as defined in the program plan. The grantee or regional AETC, in consultation with the Steering/Executive Committee, should have a clearly developed plan to allocate funds to central office and LPSs throughout the region, based on performance, need, or other defined indicators. This plan must be responsive to the ongoing changes in the HIV epidemic and clinical paradigm, and the resulting clinician/provider training needs. Performance based funding is strongly recommended as a means to administer the regional AETC Program and manage the LPSs. The regional AETC should assure adequate funding to support the infrastructure for training and quality assurance within each LPS.

4) Key Organizational Partnerships

The AETC(s) is strongly encouraged to develop and maintain a formal document that outlines the relationship and expectations between the Central Office of the AETC and their LPSs. The AETC grantee must maintain oversight responsibility of the LPSs and their funding. This oversight responsibility cannot be delegated to one of the LPSs. A process for communicating, meeting, conducting site visits at LPS offices/training venues, planning and carrying out all training activities, and payment for work performed should be outlined in writing to ensure that all parties, including HRSA/HAB understand the relationship between the LPSs and the Central Office. The process should be in writing and updated as necessary, but at a minimum, biennially, with copies provided to HRSA/HAB.

Collaboration and linkages with other Ryan White and HRSA funded programs is required and collaboration with other DHHS related programs is strongly encouraged. It is recommended that applicants have knowledge of and seek collaboration with local community based organizations (CBOs), local planning councils and consortia, AIDS Serving Organizations (ASOs), State Primary Health Care Associations and State Primary Care Offices, Community Health Centers, Rural Health Centers, and local academic institutions including Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and Tribal Colleges and Universities (TCUs). Applicants must document the existence of these resources in their region and demonstrate how they plan to collaborate to ensure maximum effective use of resources.

As previously stated, AETCs are also required to work collaboratively with other national Federal training centers, the Federal Training Centers Collaborative, that target focused training toward clinical providers and allied health professionals involved with HIV patients and populations.

5) Cultural and Linguistic Competence Language Requirement

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information and materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care

published by the U.S. Department of Health and Human Services. This document is available online at www.omhrc.gov/CLAS. Wherever appropriate, identify programs, training and technical assistance implemented to improve health communications to foster healing relationships across culturally diverse populations.

Wherever appropriate, describe the program's or institution's strategic plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent health care providers, faculty, staff, and program participants. This includes participation in, and, support of programs that focus on cross-cultural health communication approaches as strategies to educate health care providers serving diverse patients, families, and communities.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program is expected to provide funding during Federal fiscal years 2012 - 2014. Approximately $2,100,000 of AETC funds is expected to be available annually to fund one or two grants covering the 6-state New England Region with a July 1, 2012 start date. The range of award funding level for each grant will be approximately $700,000 - $2,100,000 (depending on the states included in the application). Applicants may apply for a ceiling amount of up to $2,100,000 per year if covering all six states. This funding amount includes funds for MAI Capacity Building projects targeting health care providers serving minority populations disproportionately affected by HIV/AIDS. MAI Capacity Building activities/projects should be described separately in the application and should be no less than 20 percent of the total base AETC project amount. Additionally, this funding amount also includes funds for the American Indian/Alaskan Native Special project, supported by funds provided to HRSA from the Office of the Secretary, and HRSA/CDC HIV Testing Training Initiative Project, supported by funds provided to HRSA from CDC through an Interagency Agreement. Funding beyond the first year is dependent on the availability of appropriated funds for the Regional AIDS Education and Training Centers Program in subsequent fiscal years, availability of funds from the additional sources cited above in subsequent fiscal years, grantee(s) satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

Each approved project will have a maximum project period of three (3) years with twelve-month budget periods to replace the current New England award and align its time frame with the National regional AETC program. Funds will be awarded to ensure that the entire six state New England region is provided the opportunity for HIV clinical training to support the overall mission and objectives of the Ryan White HIV/AIDS program.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants include public and nonprofit private entities and schools and academic health sciences centers. Faith-based and community-based organizations are eligible to apply for these funds. Tribes and Tribal Organizations are eligible to apply for these funds.

It is **required** that, at a minimum, the awarded AETC grantees and Local Performance Sites possess expertise in:

- Clinical diagnosis and management of HIV infected patients;
- DHHS HIV Treatment Guidelines;
- Adult education and training; and
- Delivery of culturally appropriate risk assessment, counseling and testing, and treatment services.

The AETC(s) is **expected**, at a minimum, to possess expertise in:

- HIV oral health care diagnosis and management;
- Special expertise in pediatric, adolescent and perinatal HIV;
- HIV pharmacology;
- Hepatitis B, C, and TB; and
- Substance abuse treatment and mental health.

Ideally the applicant's personnel and faculty should also reflect the diversity of clinical disciplines, gender and racial/ethnicities present in their trainee and consumer populations.

2. Cost Sharing/Matching

There is no cost sharing requirement with this grant.

3. Other

Any application that fails to satisfy the deadline requirements will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information
HRSA ***requires*** applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants ***must*** submit in this

manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations. Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting http://www.bpn.gov/CCRSearch/Search.aspx and searching by their organization's DUNS. The CCR Website provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at http://www.hrsa.gov/grants/apply/userguide.pdf. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form 424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

(1) Downloading from http://www.grants.gov, or

(2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany the SF 424 R&R appear in the "Application Format Requirements" section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 R&R – Table of Contents

- **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**
- **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.**

- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2.	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20.	Not Applicable to HRSA; Do not use.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed.	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles.	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches.	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form.	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Location(s) form. Single document with all additional site location(s).	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, End of Section A. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, End of Section C. One for each budget period.	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – K	Form	Supports structured budget for up to 5 periods.	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget.	Not counted in the page limit.
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/ contractual/subaward budget as required by the program funding opportunity	Filename should be the name of the organization and unique. Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		announcement. Supports up to 10.	
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Not required. Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Not required. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Not required. Counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple.	Not Applicable to HRSA; Do not use.

- **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**
- Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- Merge similar documents into a single document. Where several documents are expected in one attachment, ensure that you place a table of contents cover page specific to the attachment. Table of Contents page will not be counted in the page limit.
- Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Work Plan
Attachment 2	Organizational Chart
Attachment 3	List of Letters of Support

Attachment Number	Attachment Description (Program Guidelines)
Attachment 4	Position Descriptions
Attachment 5	Tables of Projected Numbers of Trainees and Health Service Sites
Attachment 6	Service Area map of the region
Attachment 7-15	Other relevant attachments

Application Format

i. Application Face Page

Complete Standard Form 424 Research and Related (SF-424 R&R) provided with the application package. Prepare according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance (CFDA), the CFDA Number is 93.145.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications ***will not*** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at http://www.ccr.gov.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Please complete the Research & Related Budget Form (Sections A – J and the Cumulative Budget) for each budget period. Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form. Following completion of Budget Period 1, you must click on the "NEXT PERIOD" button on the final page to allow for completion of Budget Period 2. You will repeat this instruction to complete Budget Period 3.

The Cumulative Budget is automatically generated and provides the total budget information for the three-year grant request. Errors found in the Cumulative Budget must be corrected within the incorrect field(s) in Budget Period 1, 2, or 3; corrections cannot be made to the Cumulative Budget itself.

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must** submit one-year budgets for each of the subsequent budget periods within the requested project period (3, 1-year budgets for this project) at the time of application. Line item information must be provided to explain the costs entered in Research and Related budget form. Be very careful about showing how each item in the "other" category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project period up to three (3) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to three (3) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or report is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the three-year project period is subject to availability of funds, satisfactory progress of the awardee and a determination that continued funding would be in the best interest of the Federal Government.

Use of Grant Funds

Grant funds may be used for salaries, equipment, and operating or other costs, including the cost of:

1) Developing and delivering distance learning, e.g., clinical telehealth education, training, consultation, and clinical decision support services to health care professionals treating HIV infected patients in a variety of health care settings in historically underserved communities;
2) Developing an evaluation tool to measure effectiveness of training and education on provider knowledge and self-efficacy and impact on patient care;
3) Developing a process by which continuing education credits (CME/CEUs) will be given to providers participating in education and training activities;
4) Travel expenses for clinical care providers to participate in HIV/AIDS education and training activities; and
5) Maintenance of equipment
6) Ongoing training to support the work of regional AETC faculty within the AETC(s). This may include training on innovative models of capacity building, adult education theory, cultural competency, and interactive training

techniques or may include education on the latest developments in HIV/AIDS treatment.

Grant funds may not be used to supplant training and education activities provided as part of the mission of a grantee or sub grantee institution. Also, grant funds are not to be used for international HIV/AIDS activities.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. .

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years). It is the expectation that grantees will focus grant funds on services, not the equipment needed to provide services. However, it is understood that initially grantees may require a portion of the grant funds to go toward equipment installation, upgrades, etc., though this amount should significantly be reduced throughout the period of the project. Please include in this section clearly identified and described personnel costs for equipment installation

Supplies: List the items that the project will use. In this category, separate office supplies from technical supplies and educational purchases. Office supplies could include paper, pencils, and the like; technical supplies are webcams, computer headsets, etc., and educational supplies may be pamphlets and educational DVDs. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts.

Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the CCR and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and contracts in excess of $25,000 are excluded from the actual direct cost base for purposes of this calculation.

v. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. The applicant should identify an evaluator, and project coordinator for the program in the staffing plan. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 4**. Biographical sketches for any key employed personnel that will be assigned to work on the proposed project must be included in appropriate attachment in Form SF -424 R &R. When applicable, biographical sketches should include training, language fluency and experience working with the cultural and

linguistically diverse populations that are served by their programs.

vi. Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SR-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.). If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 8**.

viii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. Please note that separate abstracts are required for Special Projects as described in section IV. *ix. Project Narrative*

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name Address
- Project Director Name Contact Phone Numbers (Voice, Fax)
- E-mail address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

(1) Text of Abstract

TARGETED POPULATION: Briefly describe the geographic area and the health care professionals to be served by the proposed project. Include key information from the needs assessments pertaining to the training needs of the target population.

GOALS AND OBJECTIVES: Summarize the major goals and objectives for the three (3) year project period. Typically, projects define each goal in one sentence and

present the related objectives in a numbered list. Objectives must be specific, time-framed, and measurable.

OVERVIEW OF PROJECT PLAN: Briefly describe the proposed project and outline the approach and activities that will be implemented. Identify the key organizations that are collaborating in the project as contractors. Describe the anticipated impact of the proposed project on the geographic area being served and its systems of care. Relate the impact of the project to the principal problems and unmet needs identified in the needs assessment**. Indicate interest in being considered for all three legislative funding preferences cited in Section 2692 (42 U.S.C. §300ff-111)(a)(2)(A-C) and discussed in the section on Funding preferences under V. Application Review Information.**

PROJECT EVALUATION: Briefly describe the proposed project's evaluation plan, including methodology for program documentation, quality improvement/quality management, and impact/outcome evaluation. Describe how the AETC will participate in cross-region evaluation projects guided by the AETC NEC. Please describe how the results of training evaluation activities will be utilized to support development of the training priorities and training plan for the next year of the project.

ix. Project Narrative

The Project Narrative section of the application allows the applicant to provide a detailed description of the proposed program including:

- Statement of the problem to be addressed;
- Description of the current needs assessment which is the basis for the application and the plans for a future comprehensive needs assessment process.
- Description of how the Training Plan and Work plan meet the goals and objectives of the National HIV/AIDS Strategy.
- Description of Special Projects for which funds are requested.
- Approach to program evaluation.
- Organizational capabilities

The Project Narrative section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

In some instances, responses to the various components of the project narrative may overlap. Instead of repeating the same narrative response, clearly reference other sections in the narrative that provide similar information. Be sure to fully address the requested information for each section. This section includes any references, charts or figures, but does not include the required attachments, which are the: Work plan, Organizational Chart, List of Letters of Support, Position Descriptions, Tables of Projected Numbers, and Service Area Map of the Region.

When appropriate, applicants are encouraged to utilize tables and charts that effectively provide the requested information. Tables should be clearly marked, contain legends when appropriate, and be self-explanatory.

Use the following section headers for the Narrative:

- *INTRODUCTION*
  Statement of the Problem to be addressed: This section should briefly describe the purpose of the proposed project. This section should include a description of the proposed geographical area, or region, to be served and should demonstrate an understanding of the HIV/AIDS epidemic and care delivery system in the proposed region, the evolving HIV treatment options and associated challenges, and their impact on the education and training needs of the regions' health care providers.

- *NEEDS ASSESSMENT*
  Needs assessment in the AETC program is defined as the process of understanding the HIV clinical treatment knowledge gaps that exist in the service area and identifying the clinical training, education, consultation and clinical decision supports needed by practicing clinical providers from the proposed service area. Other factors, related to clinical decision making and patient management, such as linkage and referral to tertiary care expertise or clinical testing, should also be identified.

  For the purpose of this application:

  - Describe plans for completing a comprehensive needs assessment at least once during the three-year project period that will include methodology and tools used to develop and collect data to perform the assessment.
  - Describe the process undertaken to assess the education and training needs of the clinical provider population from across the proposed service area.
  - Identify the HIV training and education needs of providers caring for a range of persons with HIV disease (please describe socio-demographic factors, e.g.: gender, age, racial ethnic, social factors, etc).
  - Describe the process for identifying the target population to be trained.
  - Include information about sources of data and collaborations with Parts A-D Ryan White HIV/AIDS Program grantees and other HRSA supported health care providers/programs in the region.
  - Summarize the major findings of the needs assessment covering the entire proposed service area from which the training plan is developed.
  - Describe the clinical training, education, consultation, and other clinical decision support needs of the service area.
  - Describe opportunities for use of non-AETC technical assistance resources available through HAB in the proposed region.
  - Include an assessment of the needs of those providers who are located in areas of higher HIV incidence, but who are currently NOT providing HIV care, or who provide a low volume of HIV care.

At minimum, the needs assessment should utilize various data sources to:

(1) Assess the local HIV/AIDS epidemiology and the HIV/AIDS service delivery system in the service area:
   - Assess the demographics of the consumer population, including where this population is located, health insurance status, and the ethnic and/or minority makeup of the population (i.e., African American, American Indian/Alaska Native, Asian/Pacific Islander, and Latino/Hispanic).
   - Assess the demographics of the target training population, including where this population is located and the ethnic and/or minority makeup of the population (i.e., African American, American Indian/Alaska Native, Asian/Pacific Islander, Latino/Hispanic).

(2) Assess: the gaps in access to quality HIV/AIDS care for people with HIV disease and identify the areas of unmet need for HIV/AIDS care and treatment in the service area; systems gaps for community clinical providers for and their patients regarding HIV services including referral for clinical diagnostic services or results; the needs for clinical training, education, and consultation of clinical providers in the service area, including specific discussion of the needs of Ryan White HIV/AIDS Program supported providers**.**

(3) Assess the HIV related needs for clinical training, education, and consultation of clinical providers located at other HRSA supported community, rural and maternal and child health centers and National Health Service Corps sites**.**

(4) Assess the role of the target training population in the delivery of health care to persons with HIV disease, including an assessment of their cultural competency needs.

(5) Assess the current resources available in the region for education and training for this target population.

(6) Identify and assess the needs of hard-to-reach and minority/minority-serving practitioners and identify their barriers to participation in AETC training and in provision of HIV/AIDS clinical services.

(7) Identify the correctional facilities in the service area which have high prevalence of HIV/AIDS and assess the needs for training, education, and clinical decision support/consultation in those institutions.

(8) Assess the provision of direct and ongoing clinical consultation and presence or absence of linkages between community clinicians and more experienced experts in HIV/AIDS sub-specialty centers.

(9) Identify and assess the health manpower shortage and primary care capacity development targets of the HRSA supported Primary Care Associations and State Primary Care Offices.

(10) Identify predominantly minority higher education institutions, with particular emphasis on Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), Tribal Colleges and Universities (TCU), and assess the opportunities for clinical care training and the potential for AETC faculty development among these organizations.

(11) Identify non-Ryan White funded CBOs involved in clinical care or HIV/AIDS services and assess the opportunities for clinical care training and the potential for AETC faculty development among these organizations.

In addition to the needs assessment used to develop this application, the AETC is expected to complete a comprehensive needs assessment of HIV treatment related training needs in collaboration with other Federal Training Center Collaborative partners at least once during the 3-year grant period. The comprehensive assessment should be done in collaboration with the other participating training networks, such as STD/HIV Prevention Training Centers (PTCs); Regional Training Centers for Family Planning (RTCs); Viral Hepatitis Education and Training Projects (VHNET); TB Regional Training and Medical Consultation Centers (RTMCCs) and the Addiction Technology Transfer Centers (ATTCs).

- *METHODOLOGY*

  Propose methods that will be used to meet each of the previously-described program requirements and expectations in this grant announcement. This description should address, at least, five issues.

  - First, describe how the proposed methodology will address the goals and objectives of the National HIV/AIDS Strategy.
  - Second, provide details on how data will be collected from the Local Performance Sites.
  - Third, describe the approaches that will be used to analyze and evaluate the data from the Local Performance Sites and, collectively, the entire region.
  - Fourth, describe the types of reports which will be produced along with the plan that will be used to disseminate report findings.
  - Finally, comment on what will be done to monitor progress and provide information and feedback to the HAB/DTTA Project Officer.

- *WORK PLAN*

  Provide as **ATTACHMENT 1.** Describe the activities or steps that will be used to achieve each of the action steps proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff.

The work plan should include goals for the program and must identify objectives and action steps that are SMART (specific, measurable, achievable, realistic, and time measurable). The work plan should consist of goals and objectives that support the need for the service, key action steps, targeted completion dates, responsible person(s), evaluation tools/measurable outcomes, and status (this information would be completed in the future). Applicants are asked to include appropriate milestones and any products to be developed. Indicate the target completion dates for major activities and faculty development efforts, and specify the entity/group or person responsible for implementing and completing each activity and the expected outcome measures/tools to show that the goals and objectives will be achieved. The work plan should relate to the needs previously identified in the needs assessment and closely correspond to the activities described in the program narrative. Note that activities of each LPS are to be bundled and reflected in this Regional AETC Work Plan. The action steps are those activities that will be undertaken to implement the proposed project and provide a basis for evaluating the program.

The work plan must be broken out by year but must include 3 years of work plans to cover goals, objectives and action steps proposed for the entire 3-year project period.

For more information on creating work plans, please visit the following Web sites:

- http://www.cdc.gov/cancer/nbccedp/training/workplans/
- http://www.sfdph.org/dph/files/CAMdocs/Skill-based_activities/2smartgyo/lp-GyOscomplete.pdf

Comprehensive Program Plan: The AETC grantee(s) will work to improve the availability of high quality HIV care through training and support of clinical providers. The AETCs will conduct an assessment of regional HIV/AIDS care delivery systems and develop innovative programs to build HIV/AIDS care capacity, through training and support, to fill identified gaps. This will mean a shift from large training sessions to targeting longitudinal efforts with key clinical centers and providers as identified by needs assessments.

Applicants are to describe the comprehensive AETC program(s) to be implemented in response to the needs identified in the needs assessment above. The Program Plan should include the following 4 components:

1) Training Plan

Target Audience

- Describe the training audience(s) to be targeted by the proposed AETC program including projected numbers of providers to be trained, size and types of clinical practices, their patient populations and potential to increase community HIV clinical care capacity.

- Describe identified needs, and gaps in knowledge skills for the different training audience(s).
- Describe special barriers to training and education identified among the targeted training audience(s).
- Describe barriers to HIV/AIDS health system services for patient populations cared for by targeted providers.
- Describe other challenges to HIV clinical management or care to be addressed by the proposed AETC program.

Training Topics & Learning Objectives

- Identify the major education and training programs to be offered by the applicant.
- Discuss how the findings from the needs assessment were utilized to develop the topic list and how the training relates to prevention of spread of HIV infection and building capacity to diagnose, counsel and clinically manage people with HIV disease, opportunistic infections and co-morbid conditions.

Coordination with Other Training Resources

- Describe how these training programs are coordinated with existing training resources available in the region for HIV/AIDS diagnosis, counseling and clinical management.
- Describe how training plans are to be coordinated with other Federal training related to HIV in the proposed region including; training offered by the STD/HIV Prevention Training Centers (PTCs), Regional Training Centers for Family Planning (RTCs), Viral Hepatitis Education and Training Projects (VHNET), TB Regional Training and Medical Consultation Centers (RTMCCs) and Addiction Technology Transfer Centers (ATTCs).

Training Methods and Levels of Training

- Describe training methods and levels to be used for the topics identified.
- Discuss the planned number of trainings, by topic and training level, and their relationship to the knowledge and skills gaps identified in the needs assessment.
- Discuss the rationale for different methods and levels as they relate to increasing HIV clinical provider treatment capacity among the different trainee targets.
- Describe innovative training techniques, if any, to engage rural or clinically isolated providers.

Longitudinal Support to Trainees / Capacity Building

- Describe the process or plan to ensure that trainees receive skill appropriate, follow up support, ongoing training and consultation.
- Describe the process or plan for providing updated information to individuals who have been trained by the AETC. Discuss the methodologies, types of materials, and distribution plan, including development of contact lists for targeted providers.

- Describe the process or plan for providing Level IV educational clinical consultation to practitioners and how other training activities will encourage and facilitate the development of on-going consultative relationships between the AETC's clinical training programs and health care providers in the community.
- Describe the process or plan to track longitudinal training encounters over time for each trainee participating in multiple training events in a single year and over multiple years. Provide a discussion of your region's distance learning capabilities and rationale for utilizing said resources.
- Provide rationale for plans to provide "warmline" support to non AETC trainees, either through local AETC or through the AETC NCCC.
- Describe the process or plan to ensure that referrals from the NCCC receive skill appropriate, follow-up and support.

Curriculum Development Process

- Describe the process to be used to prioritize training topics for curricula development and other materials, the process for developing these teaching tools, and the process for implementing these teaching tools across the region.
- Describe the process used to ensure that the training is consistent with DHHS treatment guidelines.
- Describe the process for updating and integrating new clinical and treatment developments - "late breaking information" - into the established teaching tools and curricula.
- Describe what resources the AETC anticipates using to obtain state-of-the-art treatment and care information.

Other Clinical Decision Supports/Activities

In addition to training and consultation as described thus far:

- Describe other activities and materials to be developed or provided to assist clinical providers diagnose, counsel and manage people with HIV disease.
- Discuss the methodologies, types of materials, and distribution plan for materials.

2) Technical Assistance Plan

- Describe how the needs assessment has been or will be utilized to develop technical assistance strategies.
- Describe how opportunities for technical assistance will be identified-including quality improvement activities for health care providers and agencies/organizations.
- Describe how technical assistance will be coordinated in the region with other federally supported technical assistance resources for HIV/AIDS capacity development and quality management/improvement.

3) Marketing Plan

- Describe the activities to be undertaken to market the services of the AETC throughout the region, particularly to practitioners in community-based organizations, such as Ryan White clinics, minority populations, providers in correctional facilities, providers serving minority populations, and for providers in rural settings. Discuss both regional and local approaches. Describe the methods, data, audiences, and materials that will be used.

4) Faculty Development Plan

- Describe the criteria and processes which will be used to identify non-staff and staff trainers, the process for ensuring trainers are culturally competent and have the most current knowledge and use of interactive training techniques, the process for evaluating trainers' performance, and AETC policies regarding payment of non-staff trainers.
- Describe the methods which will be used to recruit and develop faculty and staff representative of the ethnic and minority groups of the patient and trainee populations.
- Describe other staff development plans not included above.

▪ *Evaluation and Technical Support Capacity*
Each applicant is to describe their plan to measure program effectiveness including:

Achievement of program goals and objectives:
Describe the proposed methods to be used and the applicant's ability to:

- Monitor, evaluate, and provide feedback on the achievement of program goals and objectives by the grantee staff and sub-contracting agencies and to submit related semi-annual and annual progress reports.
- Collaborate with the AETC NEC on planning, implementing and evaluating multi-center and national AETC evaluation projects.
- Collect, manage, utilize and report electronic data and information on types of educational and training programs provided and information on individual participants trained.

Quality Management Program

- Describe the current quality management program and expertise of the organization, including leadership, accountability processes and resources, and a description of how administrative, fiscal, and training components are addressed.
- Outline the assessment mechanisms that will be used to ensure the education and training activities reflect the needs of the population to be trained; are delivered in an effective manner; are reflective of the current knowledge base; are acceptable at the trainee level; and incorporate the components of the Framework for Excellence in Adult Learning model.
- Describe the process that will be used to modify and/or tailor AETC program components based on QI/QM efforts.

- Describe the method for identifying training and educational development needs of the AETC faculty.
- Include the mechanism for ensuring quality administrative and fiscal management processes.

Assessment of Program Impact
Describe your plan to assess the impact of the AETC program training, education and support, on clinical provider diagnosis, counseling, and clinical management and how the results of these evaluations/assessments will be used to update the training plans/work plans for the next year.

HRSA/HAB has developed a performance indicator/measure for the AETC program which is reported to the U.S. Office of Management and Budget. This indicator is: What percent of health care providers trained are themselves racial or ethnic minorities? Describe how the project will address the need to train minority HIV healthcare providers.

Additionally, applicants are urged to consider a variety of questions/measures which can be used to evaluate program impact:

A. Are clinical training needs of minority health care providers being adequately addressed?

    - What is the total number of minority-serving providers in the region? What percent of these providers has been trained by the AETC in the most recently completed budget year?
    - What percent of trained providers serve a client base where 50 percent or more of the patients are racial or ethnic minorities?
    - How does the AETC assess or plan to assess the number of minority health care providers (family practitioners, infectious disease doctors, internal medicine, dentists, pharmacists, nurses, physician assistants…) in their region that could be potential trainees? What percent of these providers does the AETC train or plan to train?
    - How does or will the regional AETC assess the educational and clinical needs of minority health care providers in the region?
    - What outreach and/or marketing strategies have been used or are planned to be used to reach both minority and minority-serving providers in the region?

B. What percentage of the AETC training and clinical education programs are based on regional needs assessments and local/regional epidemiology?

    - When was or will the most recent needs assessment be completed for the region? Describe the methodology and tools used or planned to be used. Is it updated annually or expected to be updated annually?

- Does the AETC have or expect to have a yearly training plan? Is it or will it be based on needs assessment findings?
- Does or will the training plan outline what, how, when, and where trainings will take place based on the needs assessment?
- Do or will the yearly training plan and work plan complement each other?
- How does or will the AETC monitor success in implementing needs assessment based training, in particular training for minority providers?

C. Technical assistance: How many organizations have received technical assistance (TA) from the AETC in the most recently completed budget year or how many do you expect to conduct next year if new applicant? How have you or will you evaluate if HIV/AIDS service capacity improved as a result of the AETC's efforts?

- What type of TA was or will be provided?
- What type of assessment was conducted or will be conducted to identify needs before delivering TA?
- What type of evaluation was conducted or will be conducted to determine improvement of service delivery capacity after TA?
- Do or will the yearly training plan and work plan complement each other?
- What percentage of TA recipient organizations improved their capacity to deliver services or treat clients, or what percentage do you expect if you are a new applicant, as a result of the AETC services delivered?

- *RESOLUTION OF CHALLENGES*

  The applicant is expected to articulate the key issues and challenges to be addressed through the use of AETC program funds. Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.
  This section should include a discussion of the problems associated with increasing clinical care capacity in general, and specifically among clinical providers practicing at the community level. This section should include a discussion of the challenges for the targeted populations to be trained and should be inclusive of urban, rural, and suburban communities.

  The problems described by the applicant should be supported by, at minimum, preliminary needs assessment previously described, and they should be reflected in the applicants' program plan, associated work plans and budgets.

- *ORGANIZATIONAL INFORMATION*

Organizational Capabilities and Expertise; Project Organization:
Applicants are expected to possess the organizational capacity to direct, lead, and monitor their programs and to provide adequate administrative oversight of Federal resources. This section of the narrative should describe the capabilities and relevant expertise of the applicant to effectively carry out the proposed project. Describe:

- The mission of applicant organization and how the AETC program fits within the scope of this mission.
- The applicant organization, including organizational structure (Attachment 2), staffing and management structure as it relates to the AETC program. If partner organizations or subcontracts will be used, describe their roles and expertise and depict organizational and reporting relationships. Include summaries of the contracts, as well as a list of letters of support for each agency in Attachment 3.
- The administrative and fiscal expertise of the applicant including experience developing and implementing programs, past experience managing grants and contracts and program expenditures, staff and subcontractor performance.
- The proposed processes to be used by the grantee for oversight of LPS sites and contractors for delivery of identified services, monitoring contractor performance, and the provision of technical assistance to ensure effective and quality service delivery.
- The clinical expertise of the applicant and subcontractors in HIV patient care management.
- Expertise regarding HIV clinical care and treatment capacity at the community provider level.
- Applicant's experience in adult education and training. Summarize knowledge and/or experience in developing and implementing Adult Learning Theories.
- Applicant's experience training clinical providers, including those targeted by the AETC program.
- Describe the organizational capacity to provide culturally appropriate training to the targeted providers and with respect to the targeted consumer populations.
- Outline the strategy that will be used to identify, recruit and develop faculty in your region including representatives of ethnic and minority groups targeted by the AETC program.
- Describe the governing structure of the proposed program including information about the composition and procedures for the steering/executive committee. Identify the stakeholders who will be involved in decision-making activities of the AETC (i.e., resource allocation, training priorities, and evaluation) and the stakeholders who will serve in an advisory capacity to the AETC.
- Describe the mechanism proposed to provide continuing education credits as part of training programs.
- **Describe the rationale to be used to allocate resources across the region. State who will be involved in funding decisions and what data and other evidence will be used.**

Key Collaboration and Linkages

Describe the proposed relationship and collaboration activities with the following:

- Local, county, state and Federal public health programs

- HIV service organizations (Other Ryan White Program grantees) and other CBOs
- Ryan White Program grantees, Part A and Part B
- Health professional organizations
- Federal Training Centers (FTCs)
- Academic Institutions
- HBCUs, HSIs, TCUs and other minority training institutions
- AETC National Centers
- The HAB National Quality Center (NQC)
- State Primary Care Associations and State Primary Care Offices

Special Projects
As previously stated, approximately 20% of the AETC appropriated funds to be made available under this opportunity will support MAI Capacity Building Projects and additional funds (MAI; CDC) may become available to Training for AI/AN Providers and HIV Testing Training. An applicant's description of these efforts, though discussed separately in this section, will be considered as part of the overall review criteria found in section V.1. **However, applicants are reminded to provide a separate project abstract and budget for each special project**.

Minority AIDS Initiative Capacity Building Project
Please indicate which of the following (two or more) indicators of clinical capacity building will be targeted through the proposed Special MAI Capacity Building Project:

- Increase in the number of community based MAI targeted healthcare providers that routinely perform HIV risk assessments, screening, and diagnosis.
- Increased number of community based MAI targeted healthcare providers who are trained in the clinical management of HIV disease.
- Increased number of community based MAI targeted healthcare providers who receive longitudinal training experiences.
- Increased number of community based MAI targeted healthcare providers that increase level of HIV clinical care and treatment skills, individually or through co-clinical management with treatment experts.
- Increased number of community based MAI targeted HIV healthcare providers who are providing expert quality HIV services in minority communities highly impacted by HIV/AIDS.

Describe:

- Rationale for the special project including the basis for choosing the clinical capacity building indicators selected.
- How this project differs from or enhances previous efforts.
- How clinical sites or providers will be selected.

Provide an evaluation plan that describes the methodology for each of the indicators to be targeted by the special project including:

- Establishing baseline data,
- Measuring outcomes, and
- Measuring program impact.

For this project, provide a discussion of rationale used and a projection for:

- The projected numbers of minority providers to be impacted and
- The projected number of minority consumers to be impacted.

Please note that the guidelines for the overall use of the MAI funds are consistent with use of funds for the larger AETC program; no more than 20% of funds can be targeted to paraprofessionals and allied health professionals (including clinical case managers) involved in HIV/AIDS outreach, clinical case management and clinical care.

American Indian/Alaska Native (AI/AN) Special Project
Describe:

- Rationale for expanding HIV/AIDS treatment capacity of professional and paraprofessional health and social service providers caring for American Indian/Alaska Native people
- How applicant will collaborate with IHS to implement the IHS National HIV Universal Screening Initiative
- How applicant will participate in planning, coordination, and conduct of training programs on-site at IHS-funded facilities, Tribal and Urban sites, and other Native-serving facilities and how these sites will be selected
- Describe how applicant will work to establish linkages to care for newly identified AI/AN HIV patients and participate in the development of an effective co-management model of HIV care, including development of tools for use by providers.

Provide an evaluation plan that describes the methodology for assessing the impact of this project, including:

- Establishing baseline data,
- Measuring outcomes, and
- Measuring program impact.

For this project, provide a discussion of rationale used and a projection for:

- The projected number of MAI targeted health care providers and consumers to be impacted.

HRSA/CDC HIV Testing Training Initiative Project
Describe how the AETC will meet the objectives and program expectations described below:

Recognizing changes in the scope and distribution of the HIV epidemic in the United States, CDC initiatives sought to make HIV testing a more routine part of medical care, on the same basis as other screening and diagnostic tests. In September 2006, CDC released *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. These recommendations are intended for all health care providers in the public and private sectors working in a variety of health care settings.

Training and technical assistance for this expanded audience of health-care providers is necessary to facilitate adoption of CDC's recommendations for expanded HIV screening in health-care settings.

Program Expectations
AETC applicants for these CDC funds are expected to maximize fiscal and staffing resources by supporting provider training through the existing AETC Network and through collaborations, including those with CDC's Prevention Training Center (PTC) network. The AETC(s) will provide participant feedback data to HRSA and CDC's Division of HIV/AIDS Prevention, utilizing OMB-approved AETC data collection forms.

Provider Training
The Regional AETC applicants for these funds will be expected to provide training for clinical practitioners who are not primarily HIV care providers, especially those who are working in communities or clinical settings with populations disproportionately affected by HIV. The AETC(s) may apply for base funding for this initiative.

The majority of the AETC training efforts under this initiative should be targeted to health-care providers in these jurisdictions, and designed to meet the assessed training needs and educational level of clinical care providers such as physicians (including family practitioners, internists, and other medical sub-specialists), nurses, physician assistants, and advanced practice nurses. Priority practice settings (both public and private) for expanded HIV screening include:

- hospital emergency departments and urgent care clinics;
- inpatient facilities in acute-care hospitals;
- correctional health clinics;
- STD clinics;
- prenatal clinics; and
- community health centers.

The training may include the use of curricula developed by or for AETC grantees. In addition, the AETCs are expected to collaborate with Prevention Training Centers in

their regions in order to provide training and technical assistance to facilitate opt-out HIV screening in STD clinics.

The format of training and technical assistance provided by the applicant under this supplement must focus on teaching modalities most likely to result in changes in clinician behavior to increase the likelihood that they will initiate HIV screening in high-priority populations. Training must be consistent with the 2006 CDC HIV testing recommendations for health-care settings. Adult learning principles are at the core of the training and education. Time permitting, interactive training, should be prioritized over didactic sessions. Each AETC applicant is expected to offer a variety of training activities that result in a continuum of longitudinal learning opportunities for trainees, including didactic presentations, updates, interactive (small group) skills building training, and follow-up technical assistance for capacity building.

AETCs funded for this activity must participate in the AETC HIV Testing Training Exchange Collaborative administered by the AETC National Resource Center (through funding from their traditional Ryan White Program AETC funds). The Training Exchange will include scheduled teleconferences with experienced AETC faculty trainers who share existing training materials and curricula, discuss implementation issues, and provide feedback for development of materials in specific topic areas. It is envisioned that the results of the Training Exchange will become an education and training resource for HIV clinical trainers both within and outside the AETC program.

Data Collection and Evaluation

For all training activities funded under this Initiative, the AETC(s) is expected to utilize and submit to HRSA the standard AETC data collection instruments; the Participant Information Forms and the Event Record (ER**).** In order to distinguish these training activities from HRSA's AETC-funded activities, HRSA will provide each regional AETC with a separate code to use on the ER when a training activity is funded through this Initiative. In addition, CDC may request supplemental information to determine the effectiveness of this funded activity. Evaluation of provider adoption of HIV screening will be funded separately by CDC, and AETCs may be asked to participate in these evaluation activities.

x. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled**.

Attachment 1: Project Work Plan

See the instructions in Section IV. 2. *x. Project Narrative*.

Attachment 2: Organizational Chart

Provide an organizational chart of the proposed project which depicts both the

central office staffing and the contracted education and training sites and their staffing. Include both project staff and consultants.

Attachment 3: List of Letters of Support

Provide list of letters of support from all contracted agencies. Actual letters should be available upon request.

Attachment 4: Position Descriptions (PDs) for Key Project Staff

Provide PDs for at least the following key project staff: PI, Clinical Director, Project Director, Dental Director, Program Evaluator, and a sample of a PD for the project lead at an LPS.

Attachment 5:

Tables of Projected Numbers of Trainees and Health Service Sites

Table 1: Projected number of trainees by level of training and training site. Provide the projected number of health professionals to be trained by level of training and training site.

Table 2: Projected number of trainees by level of training and discipline. Provide the projected number of health professionals to be trained by level of training and discipline.

Table 3: Projected number of health service sites to be targeted for expanding access to HIV care or training by subsite.

Attachment 6: Service Area map of the Region

Attachments7–15: Other relevant documents.

Include here any other documents that are relevant to the application, including letters of support, information regarding delinquent debt (if applicable), etc. Letters of support must be dated.

Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.).

3. Submission Dates and Times

Application Due Date

The due date for applications under this grant announcement **is February 10, 2012 *at 8:00 P.M. ET.*** Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a

series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g. floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:
Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

Regional AETC Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows states the option of setting up a system for reviewing applications from within their states for assistance under certain federal programs. Application packages made available under this funding opportunity will contain a listing of states which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Specialist listed in the Agency Contact(s) section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants_spoc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the state's process used under this Executive Order.

Letters from the SPOC in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to three (3) years, and at levels stipulated in section II.2. Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Grant funds **may not** be used to supplant training and education activities which should be provided as part of the mission of a grantee or sub-grantee institution. Also, grant funds are not to be used for international HIV/AIDS activities. It is expected, for

example, that a medical or nursing school would, regardless of the presence of this program, provide a curriculum, develop resources, and support training in HIV/AIDS prevention and care to its students, residents, faculty, and clinicians through its basic and continuing education programs. In addition, the AETC grant funds are not intended to supplant funds for educational efforts which should be supported by private industry or other public agencies. AETCs are expected to leverage their resources to create enhanced training opportunities through partnerships and collaboration.

Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment.

6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are ***required*** to submit ***electronically*** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at http://www.grants.gov. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month, so you need to begin immediately.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will <u>not</u> accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the

deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at https://apply07.grants.gov/apply/checkApplStatus.faces. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The AETC program has 6 review criteria:

Criterion 1: Need- Adequacy of comprehensive regional needs assessment (15 points) – Responses for this criterion will be satisfied primarily under the Introduction and Needs Assessment section of the Program Narrative

- Extent to which the applicant demonstrates an understanding of the HIV/AIDS epidemic and the HIV/AIDS service delivery systems in the localities and states in the project's service area, including detailed demographics on consumer and provider populations and health professional shortage area designations.
- Extent to which the applicant is knowledgeable about the target populations' training needs and knowledge gaps related to HIV clinical guidelines and clinical support services within the applicant's service area.
- Extent to which applicant is knowledgeable about gaps in access to quality HIV/AIDS health care and unmet service needs and their impact on the quality of

the care to people with HIV disease within the service area (lack of services, financial access barriers, specialty care etc.).

- Comprehensiveness of the approach used to identify education and training needs and preferences including barriers to participation in education and training activities, knowledge gaps related to HIV clinical guidelines and clinical support services, and training methods and accessibility preferences for the target training population.
- Extent to which applicant is knowledgeable about HIV expertise and training resources available in their proposed region, including their location, training modalities, cost, and characteristic of trainers including clinical disciplines, racial ethnicity, training styles and experience.
- Extent to which the applicant identifies targeted providers in high-risk and minority communities and institutions in their service area, including correctional providers and those located in other HRSA funded clinical service facilities.
- Extent to which the applicant demonstrates appropriate use of Ryan White related data, local and state HIV/AIDS data, and utilizes data from other federally supported training centers (FTCs), health manpower shortage data or other relevant sources.
- Adequacy of proposed plans and mechanisms for updating needs assessment throughout the project period.
- Extent to which applicant assesses related services and programs within local, county, state public health programs, local AIDS service organizations, CBOs, health professional organizations, State Primary Care Associations, State Primary Care Offices, and academic institutions, including HBCUs, HSIs, TCUs and other minority training institutions.

Criterion 2: Response- Adequacy of the proposed program plan for providing education and training activities (25 Points) – Responses for this criterion will be satisfied primarily under the Methodology section of the Program Narrative (and in Attachment 1, Work Plan)

- Extent to which the applicant demonstrates the relationship between their needs assessment and the program plan.
- Extent to which work plan goals and objectives reflect the needs identified and are tied to the program plan.
- The extent to which work plan is realistic and has measurable and time-framed objectives that delineate the steps to be taken to implement the proposed project.
- Appropriateness of training and education methods selected for the target populations with an emphasis on interactive training and longitudinal support.
- Adequacy of education and training program plan to address education and training needs of health care providers in the region.
- Proposed plan responds to MAI targeted provider training needs, preferences, and knowledge gaps identified in needs assessment. Plans for training are practical and reflect geographical, cultural and service system barriers for trainees and their patient populations.
- Proactiveness of a marketing and faculty development plan.

- Extent to which the applicant has or proposes to address and adequately responds to its identified challenges.

Criterion 3: Evaluative Measures - Program documentation, program evaluation, and quality improvement (15 Points)
Responses for this criterion will be satisfied primarily under the Evaluation and Technical Support Capacity section of the Program Narrative

- Adequacy of the quality management and continuous quality improvement program (including resources) to regularly evaluate and modify the quality of education and training provided at all project-funded sites.
- Adequacy of the program evaluation plan to assess education and training activities to ensure that they are appropriate, effective, reflective of the current knowledge base, and incorporate Adult Learning.
- Adequacy of the evaluation plan presented, to measure, monitor, and evaluate the impact of the program on clinical practice.
- Extent to which the evaluation plan incorporates measures suggested in section on Evaluation and Technical Support Capacity
- Adequacy of the quality management and continuous quality improvement program (including resources) to monitor and ensure quality administrative and fiscal management at all project funded sites.
- Adequacy of the plan to demonstrate collaborative evaluation activities with the AETC NEC for cross-region and special projects.
- Adequacies of the organizations' capacity to, manage, collect, utilize and report program data which captures educational and training program information and individual participant information from all project funded activities.

Criterion 4: Impact - (10 points)
Responses for this criterion will also be satisfied primarily under the Comprehensive Program Plan and the Assessment of Program Impact section of the Program Narrative

- Extent to which the proposed training will likely impact minority and minority-serving clinicians and providers, and their ability to increase access to high quality HIV care for high risk minority and underserved patient populations.
- Extent to which proposed program will likely provide Level IV educational clinical consultation to target populations.
- The extent to which project will increase HIV clinical service capacity at the community provider level in the proposed Region
- Adequacy of marketing plan to promote activities across the entire region.
- Extent to which training and education strengthens service delivery linkages for providers and their patients.
- Extent to which some training is planned and conducted in collaboration with other FTCs

Criterion 5: Resources/ Capabilities - (25 Points Total)
Responses for this criterion will be satisfied primarily under the Organizational Information and Methodology sections of the Program Narrative and Attachment 2, Organizational Charts and Attachment 4 Position Descriptions.

HIV expertise within the Regional AETC (8 Points)

- Extent to which the AETC PI/Project Director and clinical leadership has recognized HIV expertise, educational training experience and demonstrated leadership skills, allowing for conceptual framework development, overall program direction and increased visibility among providers in the region to be served..
- Extent to which applicant has extensive experience in the field of health professional training and adult learning, HIV disease and disease management, and program administration and monitoring.
- Extent to which HIV clinical experts are involved in the AETC leadership at both the Central Office and LPS level.
- Extent to which AETC Clinical and Dental Directors will be involved in program planning and curricula development.
- Extent to which applicant demonstrates the capacity to incorporate new treatment information into education and training activities, including rapid dissemination of late-breaking news.

Coordination and collaboration (7 Points)

- Strength of proposed on-going linkages and coordination with other Ryan White programs and funded providers in the proposed project's service area, including all Part A HIV Planning Councils, state Part B programs and supported HIV Care Consortia, and Part C and D, SPNS, relevant HIV-related technical assistance projects operating in the area and Dental reimbursement-funded programs.
- Strength and feasibility of plans to engage HBCUs, HSIs, TCUs and other minority training institutions for clinical care training and AETC faculty development.
- Strength and feasibility of plans for linkages with local, county, state public health programs, local AIDS service organizations, CBOs, health professional organizations, State Primary Care Associations, State Primary Care Offices, and academic institutions.
- Strength and feasibility of plans for coordination with NRC and NCCC.
- The proposed project's consistency with the Statewide Coordinated Statements of Need (SCSN) within the project's service area and description of the project's participation in the development and revision of the SCSNs.
- Strength and feasibility of plans for on-going linkages and coordination with other HIV/AIDS-related service providers and other providers, including, but not limited to, CDC-funded (PTC) counseling and prevention programs, SAMHSA funded (ATTC) training programs, Office of Population Affairs Family Planning (RTC) Training programs, public health agencies, health sciences schools, state and local corrections agencies, and professional organizations.

- Evidence the applicant has developed partnerships and collaborative activities in the past with trainers and mentors, involved in this project.

Management plan, staffing project organization, and resources (10 Points)

- Overall capability and experience of the applicant organization to carry out the proposed project.
- Applicant has past experience with technologies and training methods proposed for this project.
- Applicant organization or key staff has demonstrated past success with similar programs or populations to be trained.
- Strength of the organizational structure of the applicant organization and the proposed program.
- Adequacy of the expertise and leadership qualifications of administrative, fiscal and training components and ability to oversee and monitor contractors.
- Ability to monitor contractors and provide technical assistance.
- Qualifications and experience of the Principal Investigator, Project Director, Clinical Director, and Project Managers at contracted education and training sites, and other key personnel.
- Adequacy of Executive Committee structure to provide guidance and oversight to the project, adequacy of description of roles and responsibilities and delineation of their functions, and adequacy of conflict of interest policies and procedures.
- Demonstrated commitment to an inclusive and regional process for project decision-making and governance.
- Ability to administer the grant with fiscally sound management practices.
- Extent to which the staffing and management plans, project organization, and other resources are: appropriate to carrying out all aspects of the proposed project; reflective of the diversity of the trainee populations, and sensitive to age, gender, race/ethnicity and other cultural factors related to the target population and the communities to be served.

Criterion 6: Support Requested- Appropriateness and justification of the budget (10 Points)

Responses for this criterion will be satisfied primarily under the Budget and Budget Justification sections of the Program Narrative

- Presentation of a budget for each year of the project period that is appropriate to the proposed program plan.
- Clearly presented budget narrative that justifies each line item in relation to the goals and objectives of the project.
- Clearly presented budget narrative that justifies and provides defined deliverables with all contracts between the Regional AETCs and the Local Performance Sites.
- Appropriateness of projected number of trainees by discipline, level of training, and training site as related to the budgeted cost per training; and the needs identified in the region.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

HRSA shall consider the scoring and recommendations of an Objective Review Committee in terms of which applicant(s) is/are judged to be in the best position to receive an award to cover its proposed states. As there exist numerous potential results of the review based on scoring, ranking and applicant configuration, HRSA reserves the right to engage in a "negotiation period" to re-scope highly ranked applications to ensure adequate coverage for the entire New England region.

Funding Preferences

A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. The authorizing legislation provides a funding preference for some applicants. Applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applicants must indicate that they wish to be considered for the funding preference.. In addition to the stated review criteria, the ORC will be asked to make a judgment as to whether those applicants that requested the preference provided evidence, within the body of their application, that they can in fact, meet all the funding preference expectations (A-C). Those applicants receiving the preference will be placed in a more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

The law provides that a funding preference be granted to any qualified projects which will:

(A) train, or result in the training of, health professionals who will provide treatment for minority individuals with HIV disease and other individuals who are at high risk of contracting such disease;
(B) train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with such disease; and
(C) train or result in the training of health professionals and allied health professionals to provide treatment for hepatitis B or C co-infected individuals.

Applicants interested in receiving the funding preference must specifically ask for consideration for all three criteria, and subsequently be judged by the ORC to be able to meet all three criteria.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of July 1, 2012.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2012.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments, as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type

and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons
Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.html. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence
HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://minorityhealth.hhs.gov/templates/browse.aspx?lvlID=15. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Healthy People 2020
Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and

physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)
The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas

Health IT
Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- Health Information Technology (HHS)
- What is Health Care Quality and Who Decides? (AHRQ)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**
Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**
Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. **Status Reports**
1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) **Progress Report**(s). The awardee must submit a progress report to HRSA on a semi-annual basis. Submission and HRSA approval of your Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) **Final Report(s).** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

d. Transparency Act Reporting Requirements
New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in federal funds and executive total compensation

for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

e. OMB-Approved Data Reporting
The awardee is required to submit annual data reports as approved by the OMB. This includes data from Participant Information Forms and Event Records.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Ardena Githara
HRSA Division of Grants Management Operations (DGMO)
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301)443-4903
Fax: (301-443-6343)
Email: agithara@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding announcement may be obtained by contacting

Diana Travieso Palow
Chief, HIV Education Branch
Division of Training and Technical Assistance, HIV/AIDS Bureau
Parklawn Building, Room 7-47
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-4405
Fax: (301) 594-2835
Email: dpalow@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: http://grants.gov/iportal

VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at: http://www.hhs.gov/asrt/og/grantinformation/apptips.html.